

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561600

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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19						
20						
21						
22						
23			1			
24				1		
25					1	
26						1
27						
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29						
30			1			
31				1		
32					1	
33						1
34						
35						
36						
37			1			
38				1		
39					1	
40						1
41			1			
42				1		
43					1	
44						1
45						
46						
47						
48						
49						
50						
TOTAL IND.			8	4	8	
TOTAL DEP.				17	8	
TOTAL CLAIMS				21		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.					8	
TOTAL DEP.					8	
TOTAL CLAIMS						